

**EASY PAYMENT SCHEME (EPS) /
INSTALLMENT PAYMENT PLAN (IPP)
CANCELLATION FORM**

NO : _____

DATE : _____

A. REFUND DETAILS												
Credit Card No.												
Name as shown on Credit Card							Expiry Date	MM	YY			
I / C No.							Contact No.					
<p>I wish to apply for cancellation / refund of the transaction below under the EPS / IPP with _____ (Merchant Name) and _____ (Bank).</p> <p>Kindly refund the amount to my Visa / MasterCard.</p>												
Transaction ID	EPS / IPP Product Description						Cancel / Refund Amt (RM)					
<p>I agree that the Merchant and/or Bank shall reserve the absolute right to approve or reject my request as the Merchant and/or Bank deems fit without assigning any reason for the Merchant and/or Bank decision.</p>												
Signature							Date	DD	MM	YYYY		
B. MERCHANT DETAILS												
Merchant Name							Merchant ID					
<p>I / We approve the above cancel / refund of transaction and will fully responsible for any future charge back may be received from Bank.</p>												
(Merchant Sign & Co. Stamp)												
C. FOR OFFICE USE ONLY												
Remarks												
Bank Authorization Code							Processed by (Name & Date)					